

P96 000040192

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Peter G. Agoris, M.D., P.A. EIN or SS#: 59-3385879

Address: 1501 Alternate Hwy 19 S
Tarpon Springs, FL 34689

Amount: \$550.00 Date Paid 8/29/97

Reason for claim: Report already filed - P96000040192
SM 09/10/97

Certified true and correct this 20 day of October, 1997.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim. Amount of recommended refund \$ 550.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 48294015 dated 09-05-97

Name of Account 4520213000145300000000010000

Statutory Authority for Collection 60A

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 4520213000145300000022002000

Certified true and correct this _____ day of _____, 19____

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)